



SNAP (formerly the Food Stamp Program) Benefits Application

SUBMITTING A COMMON INTAKE SNAP APPLICATION WITH A MASSHEALTH APPLICATION:

Applying for SNAP benefits using the Virtual Gateway is quick, easy and beneficial to the applicant. As a MassHealth Provider you may offer to submit a SNAP Application as part of the MassHealth Application process. Choosing to apply for SNAP benefits should only take an additional 2-3 minutes. Most of the information collected for the MassHealth Application is also needed for SNAP benefits.

There are several additional questions for a SNAP application.

QUESTION	TYPE	DESCRIPTION
HOUSING TYPE	Required	Indicate the applicant's housing type.
EXPEDITED INFORMATION	Optional	These yes or no questions help identify households in dire need of assistance. These households may be eligible for quicker processing.
PERSONAL INFORMATION		
Good Time to Contact	Optional	Answering this question will help DTA contact the applicant for the mandatory interview.
Meal Purchase and Preparation	Optional	Tell us if the applicant purchases, prepares and eats meals with household members. The answer to this question will help DTA determine the composition of the SNAP household.
Voter Registration	Optional	Applicant households who want to register to vote will be sent registration information.
EXPENSE INFORMATION	Optional	Selecting the type of expenses will help households get higher SNAP benefits.
ELECTRONIC SIGNATURE PROCESS	Required	Certain forms must be printed, signed and given to the applicant before submitting the SNAP application.



SNAP (formerly the Food Stamp Program) Benefits Application

The electronic signature has the same legal force and effect as a written signature. To submit the SNAP application the Provider must:

- 1) Print the electronic Application Summary and review the summary with the applicant. *(Be sure to make any necessary edits before submitting the application.)*
- 2) Print the Request for Food Stamp Benefit Authorized Representative form and the Notice of Rights, Responsibilities and Penalties form. Give the applicant the Notice of Rights, Responsibilities and Penalties.
- 3) The Provider and Applicant must complete, sign and date the Food Stamp Authorized Representative form. The Authorized Representative Form names the provider staff person as the Authorized Representative for purposes of submitting the application.
- 4.) Continue to the Submit Screen and check the Application Summary and Notice of Rights, Responsibilities and Penalties box under Food Stamp Benefits. Also check the box indicating that the applicant reviewed the application and appropriate documents were signed.

Be sure to tell the applicant that a SNAP application has been submitted. It may be helpful to print the Confirmation Letter and Submittal of Next Steps for the applicant. It is also important to review next steps with the applicant. Next Steps include an interview with a DTA case worker and submitting requested proofs to DTA.

Within three (3) business days of submitting the SNAP Application, the Provider must either mail or fax the Request for Food Stamp Authorized Representative form to:

DTA/SNAP FS UNIT
600 Washington Street, Fourth Floor
Boston MA 02111
Fax: 617-348-5093

IMPORTANT: You do not need to do any follow-up with the applicant regarding SNAP benefits or collect proofs for the SNAP Application.